

MTRL SEMI-ANNUAL LABORATORY INSPECTION CHECKLIST

Area or room #: _____ Date: _____

Lab Manager / Supervisor: _____

Name(s) of inspector(s): _____

EMERGENCY and INFORMATION MATERIAL

- | | | | |
|---|-------|------|-------|
| 1. Emergency procedures leaflets posted and legible | YES _ | NO _ | N/A _ |
| 2. Access to MSDS information posted | YES _ | NO _ | N/A _ |
| 3. Monthly inspections up-to-date | YES _ | NO _ | N/A _ |
| 4. Fire extinguisher present and accessible | YES _ | NO _ | N/A _ |
| 5. Fire extinguisher seal intact; date tested | YES _ | NO _ | N/A _ |
| 6. Working alone policy posted | YES _ | NO _ | N/A _ |

Comments

FIRST AID

- | | | | |
|---|-------|------|-------|
| 7. First aid kit available and stocked | YES _ | NO _ | N/A _ |
| 8. Treatment record sheet available and used | YES _ | NO _ | N/A _ |
| 9. Emergency phone numbers posted at phone or in a visible location (even if there is no land line) | YES _ | NO _ | N/A _ |

Comments

PERSONAL PROTECTION

- | | | | |
|--|-------|------|-------|
| 10. Safety glasses available and worn | YES _ | NO _ | N/A _ |
| 11. Laboratory coats and gloves available and worn | YES _ | NO _ | N/A _ |
| 12. Substantial footwear worn | YES _ | NO _ | N/A _ |
| 13. Facial shield available and in good condition | YES _ | NO _ | N/A _ |
| 14. Respirator(s) available | YES _ | NO _ | N/A _ |
| 15. Respirator user(s) trained & fit-tested | YES _ | NO _ | N/A _ |
| 16. Vacuum ballasts/Dewar flasks protected. | YES _ | NO _ | N/A _ |
| 17. Earphones not in use | YES _ | NO _ | N/A _ |

Comments

Laboratory inspection checklist cont.

Area or room #: _____ Date: _____

HOUSEKEEPING

- | | | | |
|--|-----|----|-----|
| 18. Bench tops and sink areas tidy | YES | NO | N/A |
| 19. Tripping hazards absent, passageways clear | YES | NO | N/A |
| 20. Room exits clear and doors unlocked | YES | NO | N/A |
| 21. Chipped or broken glassware not in use | YES | NO | N/A |
| 22. Friable asbestos absent | YES | NO | N/A |
| 23. Step-ladder available for out-of-reach items | YES | NO | N/A |
| 24. Cracked/brittle/pinched tubing absent | YES | NO | N/A |
| 25. Water hoses wired at all connectors | YES | NO | N/A |
| 26. Water taps safeguarded against "suck-back"
(or "NO TUBING" sign posted) | YES | NO | N/A |

Comments

ELECTRICAL APPARATUS

- | | | | |
|--|-----|----|-----|
| 27. Vacuum pumps stored safely and belts guarded | YES | NO | N/A |
| 28. Refrigerator spark-proof (or "NO Flammables" sign
posted & flammables are absent) | YES | NO | N/A |
| 29. Frayed or cracked electrical cords absent | YES | NO | N/A |
| 30. Extension cords properly secured and used | YES | NO | N/A |
| 31. Make-shift wiring absent | YES | NO | N/A |

Comments

WASTE CONTAINERS

- | | | | |
|--|-----|----|-----|
| 32. "Broken Glass" refuse containers labelled | YES | NO | N/A |
| 33. "Broken Glass" segregated from general refuse | YES | NO | N/A |
| 34. Needles and sharps in "Sharps" container | YES | NO | N/A |
| 35. Interim solvent waste containers closed and <1 litre | YES | NO | N/A |
| 36. Photographic chemical waste procedures followed. | YES | NO | N/A |

Comments

Laboratory inspection checklist cont.

Area or room #: _____ Date: _____

COMPRESSED GAS CYLINDERS: (N/A __)

- | | | | |
|--|-------|------|-------|
| 37. Secured to wall or bench with belt or chain | YES _ | NO _ | N/A _ |
| 38. Lecture bottles stored upright or slanted/secure | YES _ | NO _ | N/A _ |

Comments

FUME HOODS: (N/A __)

- | | | | |
|--|-------|------|-------|
| 39. Sash at recommended height and air flow on | YES _ | NO _ | N/A _ |
| 40. Area within and under hood tidy | YES _ | NO _ | N/A _ |

Comments

CHEMICAL LABORATORIES: (N/A __)

- | | | | |
|--|-------|------|-------|
| 41. Chemical Safety Manual available | YES _ | NO _ | N/A _ |
| 42. Chemical inventory current (<1 year) | YES _ | NO _ | N/A _ |
| 43. Shower available and accessible | YES _ | NO _ | N/A _ |
| 44. Eyewash available and accessible | YES _ | NO _ | N/A _ |
| 45. Eye wash tested monthly (record on eyewash) | YES _ | NO _ | N/A _ |
| 46. Solvent storage cabinet available and closed if >25 L
of flammables in room | YES _ | NO _ | N/A _ |
| 47. Solvent containers closed | YES _ | NO _ | N/A _ |
| 48. Solvent containers outside safety cabinet, < 25 L | YES _ | NO _ | N/A _ |
| 49. Reagent chemicals stored securely | YES _ | NO _ | N/A _ |
| 50. Chemical containers intact. | YES _ | NO _ | N/A _ |
| 51. Labels compliant with WHMIS | YES _ | NO _ | N/A _ |
| 52. Chemical labels intact, legible, not overwritten | YES _ | NO _ | N/A _ |
| 53. Food and drink absent | YES _ | NO _ | N/A _ |
| 54. Carcinogens/Corrosives/Flammables labeled as such | YES _ | NO _ | N/A _ |
| 55. Incompatible materials separated | YES _ | NO _ | N/A _ |
| 56. Dilute perchloric acid stored safely | YES _ | NO _ | N/A _ |
| 57. Concentrated perchloric acid (70%) absent | YES _ | NO _ | N/A _ |
| 58. Aqueous and organic waste containers labeled (ESF tags) | YES _ | NO _ | N/A _ |
| 59. Incompatible aq., org. wastes segregated | YES _ | NO _ | N/A _ |
| 60. Lab personnel are not mixing incompatible wastes | YES _ | NO _ | N/A _ |

Comments

Laboratory inspection checklist cont.

Area or room #: _____ Date: _____

LASER LABORATORIES: (N/A ___)

- | | | | |
|---|-------|------|-------|
| 61. Laser warning signs on door | YES _ | NO _ | N/A _ |
| 62. Names of two current lab personnel on emergency sticker | YES _ | NO _ | N/A _ |
| 63. Appropriate personal protection used | YES _ | NO _ | N/A _ |

Comments

PLEASE ENSURE THAT CORRECTIONS ARE MADE BY: _____